

## PLACE OF BIRTH

1. County of Maricopa  
 District of Clay Springs  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 588  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 3

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Stanley Randall Brewer  
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births.  
 4. Twin, triplet or other \_\_\_\_\_  
 5. No., in order of birth \_\_\_\_\_  
 6. Legitimate? Yes  
 7. Date of birth Aug 18 1929  
 Month Day Year

8. FATHER  
 Full name George Inest Brewer  
 9. Residence (Usual place of abode) Clay Springs Ariz.  
 If non-resident, give place and state.

10. Color or race White  
 11. Age at last birthday 46 (Years)

12. Birthplace (city or place) Virgin City  
 (State or country) Utah

13. Occupation Farming  
 Nature of Industry

14. MOTHER  
 Full maiden name Lynnie Ellen Ellsworth  
 15. Residence (Usual place of abode) Clay Springs Ariz.  
 If non-resident, give place and state.

16. Color or race White  
 17. Age at last birthday 40 (Years)

18. Birthplace (city or place) Taylor  
 (State or country) Arizona

19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 5  
 (b) Born alive but now dead 3  
 (c) Stillborn \_\_\_\_\_  
 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a.m. on the date above stated  
 (Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Luther M. Webb  
 Address Pinedale  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_

Month, day, year

Filed Aug 25 1929 Mrs. J. Edw. Brewer  
 Local Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_  
 County Registrar.

Registrar

229-818-358